



# Statement of Organization POLITICAL ACTION COMMITTEE

(THIS FORM MUST BE LEGIBLE, IN INK OR TYPED OR IT WILL BE REJECTED)

\*\*\*\* SEE SPECIAL INSTRUCTIONS

**Type of Statement**☐ New Committee☐ Amended Statement**Name of Committee**☐ Check this box if you are a committee established or controlled by a corporation doing business in Virginia

Insert full name of committee (you may include acronyms, but please spell them out)

\*\*\*\* 24.2-949.6 & §24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committee's activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

Use of Candidate Name: Any PAC that intends to use the name of a candidate as part of the name of their PAC must file, along with this form, a copy of:

- the written authorization of the candidate consenting the use of his name; or
- the political committee's notice to the candidate of use of his/her name and evidence that the letter was received. The letter must be sent at least twenty-one days prior to the filing of this form.

If two candidates have the same last name, the political committee shall include the first name, or other initial or nickname, in the name of the political committee to identify which candidate is associated with the political committee.

**Committee Mailing Address**

Street/PO Box (\*See Instructions)

City

State

Zip Code

Business Phone

**Affiliated Organization or PAC**

Name/Address of Affiliated Organization or PAC: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Indicate the Purpose of your Committee (e.g. labor, Business, Health Care, etc. \_\_\_\_\_)

**Candidate's Supported or Opposed****Full Name and Address of Candidate(s)****Office Sought****Party Affiliation****Support or Oppose?**



# Statement of Organization

## POLITICAL ACTION COMMITTEE

### Treasurer and Books Information

<b>Treasurer</b>		
	Mr. /Ms.          Last Name	First Name
	Business Address, City, State and Zip Code	
	Street Address (Residence)	Suite #
	City, State and Zip Code	
	Email Address (*see instructions)	Daytime Phone #
<b>Principal Custodian of the Books</b>		
	Mr. /Ms.          Last Name	First Name
	Business Address, City, State and Zip Code	
	Street Address (Residence)	Suite #
	City, State and Zip Code	
	Email Address (*see instructions)	Daytime Phone #
<b>Address Where Books are Maintained</b>		
	Street Address (P.O. Boxes are Not Acceptable)	Suite #
	City, State and Zip Code	

### Committee Depository Information

Primary Bank Name or Depository	Secondary Bank Name or Depository
Address of Depository	Address of Depository



### Area, Scope and Jurisdiction of the Committee

**This Committee intends to participate in (check all that apply)**

- ☐ Statewide elections
 ☐
- ☐ General Assembly elections
- ☐ Local elections

If "Local Elections" is checked please list the cities, counties or towns the committee intends to be active in:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### Filing Method (Electronic Filing Agreement)

☐ **Electronic Filer** - I, as treasurer of this political action committee, intend to file all required campaign finance disclosure reports to the State Board of Elections by electronic means. I agree that, if at anytime the campaign committee does not intend to file electronically, I will submit an amended Statement of Organization stating such.

☐ I intend to electronically file using **SBE's VAFiling Program**.

☐ I intend to use an **SBE Approved Vendor** (please indicate name of vendor): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ **Paper Filer** - I, as treasurer of this political committee, declare that this committee does not intend to accept contributions or make expenditures in excess of \$10,000 during this calendar year; or, that this committee is a county, city or local district committee and therefore exempt from the electronic filing requirement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Statement of Treasurer

**I accept the appointment of Treasurer for this committee.** I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the *Code of Virginia*). I understand that I must truthfully report all monies and things of value which this political committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the *Code of Virginia* for late or unfiled reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### FOR SBE OFFICE USE ONLY

DATE ENTERED: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_

COMMITTEE ID: \_\_\_\_\_ CIRCLE ONE  
**N or A**



## **Instructions for Completing This Form**

- Submit the original, signed copy of this form to SBE at:
- **Washington Building**  
**1100 Bank Street, First Floor**  
**Richmond, VA 23219**
- This form must be written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes.

### **Type of Statement**

- Check the box that applies to the type of Statement that you are filing.

\*\*\* 24.2-949.6 & §24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committees activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

### **Committee Mailing Address**

- Insert the committee's primary mailing address. Be sure to check the box if you are a committee established or controlled by a corporation doing business in the Commonwealth.  
\*§24.2-449.2 states that committees must have an address that is located within the boundaries of the Commonwealth. However, a National Political Party Committee may report an address outside of the Commonwealth.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.
  - This information is required if your committee intends to file electronically. Otherwise, it is optional.

### **Candidate's Supported or Opposed**

- Indicate any and all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this report.

### **Committee Depository**

- Insert the name of the committee's primary depository (Bank Name).
- Insert the address of the committee's secondary depository (if one).  
\*Depositories must be in an account located within the Commonwealth unless the committee is a national political party committee.

**Area, Scope and Jurisdiction of the Committee**

- Please choose the designation that applies.

**Treasurer and Books Information**

- Treasurer
  - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms  
**\*Note:** The Treasurer must be a resident of the Commonwealth of Virginia unless the committee is a National Political Party Committee.
  - Email Address  
**\*Note:** An email address for the treasurer is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees.
- Custodian of the Books (if one)
  - You may leave this section blank if the treasurer also serves as the Custodian of the Books.  
**\*Note:** The Custodian of the Books must be a resident of the Commonwealth of Virginia unless the committee is a National Political Party Committee.
  - Email Address  
**\*Note:** An email address for the other principal officers is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees. However, if an email address is inserted then the committee will be required to amend their form if the treasurer's e-mail address changes.

**Filing Method**

- Indicate whether the committee intends to file all of their campaign finance disclosure reports electronically.
- **VA Filing Option**
  - If you choose to use SBE's *VA Filing* Program SBE will provide you with instructions on how to obtain your software when your Statement of Organization is acknowledged.
- **Approved Vendor Option**
  - If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for e-filing. Although you are free to use any company you wish, we cannot guarantee that the company you choose will completely comply with SBE's standards. As a result, your committee may end up paying penalties for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: [http://www.sbe.virginia.gov/cms/Campaign\\_Finance/](http://www.sbe.virginia.gov/cms/Campaign_Finance/)

State Board of Elections  
Washington Building  
1100 Bank Street, First Floor  
Richmond, VA 23219